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ABSTRACT

The continuing trend towards the deinstitutionalization of the psychiatrically disabled population and the treatment of this population from an outpatient or community-based perspective has led to increasing numbers of psychiatrically disabled individuals seeking services in the community. This situation, combined with the growing acknowledgement by mental health and rehabilitation professionals of the importance of vocational or career counseling, makes it inevitable that agencies engaged in vocational counseling will be seeing increasing numbers of these clients. As these clients present symptoms and concerns which are outside of the usual range of expertise of many vocational counselors, difficulties can be anticipated unless the counseling service and the individual counselors are prepared to deal with this particular population. If the counseling experience is to be beneficial to both counselor and client, then it is essential that the vocational or career counselor be knowledgeable about the issues and difficulties that face the psychiatrically disabled client. There are no hard and fast rules applying to the psychiatrically disabled client. The critical factor remains the willingness of counselor and client to believe that psychiatrically disabled individuals can and should develop the skills to move beyond mere job seeking to participate in more global career planning activities.
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Career Counselling Issues with Psychiatrically Disabled Clients

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ABSTRACT

The document summarizes a presentation given at the 15th National Consultation on Vocational Counselling. In the document, the authors note that the continuing trend towards the deinstitutionalization of the psychiatrically disabled population, and the treatment of this population from an outpatient or community based perspective, has led to increasing numbers of psychiatrically disabled individuals seeking services in the community. This, combined with the growing acknowledgement by mental health and rehabilitation professionals of the importance of vocational or career counselling in the rehabilitation process, make it inevitable that agencies engaged in vocational counselling will be seeing increasing numbers of these clients. As these are clients present symptoms and concerns which are outside of the usual range of expertise of many vocational counsellors, difficulties can be anticipated unless the counselling service and the individual counsellors are prepared to deal this particular population. If the counselling experience is to be beneficial to both counsellor and client, then it is essential that the vocational or career counsellor be knowledgeable about the issues and difficulties that face the psychiatrically disabled client. The document reviews the current literature on the career counselling of psychiatrically disabled individuals, and examines the major issues and challenges involved in working with this population.

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The role and value of work has been cited repeatedly as being of critical importance in our society. It is often through work that the individual is able to maintain their lifestyle, develop social contacts, and establish and maintain their self esteem and sense of self-worth (Anthony and Blanch, 1987). Difficulties may well be anticipated therefore, when a vocational or vocational/career counsellor is faced with a client who is member of a population for whom work has traditionally been, at best, a limited or marginal part of their existence. The continuing trend towards the deinstitutionalization of the psychiatrically disabled population, and the treatment of this population from a outpatient or community based perspective, have led to increasing numbers of psychiatrically disabled individuals being discharged into the community. This, combined with the growing acknowledgement by mental health and rehabilitation professionals of the importance that vocational or career counselling can play in the rehabilitation process, make it inevitable that agencies or services engaged in vocational counselling will be seeing increasing numbers of these clients. It has been repeatedly noted that the employment and career development opportunities for individuals suffering from a psychiatric disability are very poor. The Canadian Mental Health Association (C.M.H.A., 1984) noted that the unemployment rate in

Canada for former psychiatric patients is over 70%. Anthony and Blanch (1987) cited statistics indicating an employment rate of only 20-25% for all individuals discharged from psychiatric hospitals, with a rate of 15% or lower for individuals with severe disabilities. Thus, increasing numbers of people who are likely to be unsuccessful in finding employment on their own will be accessing vocational/career counselling professionals for assistance. Phillips and Pool (1983) cited research showing that the psychiatrically or emotionally disturbed clientele can represent a substantial percentage of the caseloads of many vocational/rehabilitation counsellors. As these are clients are presenting symptoms and concerns which are outside of the usual range of expertise of most vocational counsellors, difficulties can be anticipated unless the counselling service and the individual counsellors are prepared to deal this particular population. If the counselling experience is to be of benefit to both counsellor and client, then it is essential that the counsellor be knowledgeable about the issues and difficulties that face the psychiatrically disabled client, and be aware of the most effective strategies to assist him/her.

Within the area of career or vocational development and planning, only limited research has been undertaken on the difficulties faced by the psychiatrically disabled individual. Numerous reasons have been given for the paucity of research in area. It has been noted that the wide range of conditions and behaviours that fall under the heading of psychiatric disability has made research difficult.

Rogan, (1980) stated that the current diagnostic criteria used in psychiatry often fail to differentiate client functional limitations or predict any patterns of stability in client behaviours. Anthony and Jansen (1984) likewise noted the weaknesses of current psychiatric diagnosis when dealing with vocational rehabilitation or career planning. Researchers have also noted the difficulty in examining the career development issues of a population whose capabilities and functional limitations vary so much depending upon the severity and nature of the illness, the effects of medication, and the impact of psychiatric treatment. In addition, issues such as: the high failure rate among psychiatrically disabled clients in regards to career and vocational planning, the low levels of expertise in the area of career development and vocational/career counselling with this population, and the difficult and sometimes unpleasant nature of some psychiatric disabilities, have all contributed to a lack of research in this area (Anthony, Cohen, and Vitalo, 1978; Farkas and Anthony, 1980; McCue and Katz-Garris, 1985; Rogan, 1980; TenHoor,1980). In addition, the fact that several different approaches (eg. - psychiatry, psychology, occupational therapy, social work, nursing, rehabilitation) can be involved in the vocational 'counselling' process, has resulted in the available research being scattered across a number of disciplines (McCue and Katz-Garris; 1985, Spencer, 1980; Stein, 1984; Woy and Dellario, 1985). The result of the above is a major lack of information

for the counselling practitioner on the difficulties and strategies in working with this most challenging population.

In providing vocational/career counselling to the psychiatrically disabled individual, the counsellor faces unique challenges and difficulties that are often not found when working with other populations. Even counsellors who are used to working with other disabled or special needs populations (eg. the physically disabled), will often find that psychiatrically disabled clients to be present issues or difficulties not usually seen with other populations. Rogan (1980) notes that the psychiatrically disabled client often exhibits behaviours or characteristics that cause counsellors to avoid them. She notes that these clients often exhibit traits such as overt psychosis, anxiety, depression, dependency, anger, inconsistency, lack of insight, denial, lack of experience in goal-setting, inability to complete assignments, and lack of information about the world of work. These are, in and of themselves, not completely atypical of many special needs or low SES individuals. The uniqueness of the psychiatrically disabled population often lies in the unusual number of confounding problems that the client may present. Schlenoff (1979) notes that many psychiatrically disabled clients are on anti-psychotic medications that have major implications for the counselling process. He notes that the side effects of many of the common anti-psychotic drugs can include a number of discomforting physical symptoms including: drowsiness, tongue protrusion, Parkinsonism (tremors or muscle rigidity), mask-like face,

and restlessness. More subtle side effects include: mood swings, decreased psycho-motor ability (eg. - slow task completion, difficulties of fine motor control), and concentration difficulties. Such symptoms are of major importance for the counselling process, in that they often present major barriers to the career/employment options open to the individual. Some barriers are rather straight forward (eg. - the operation of high speed equipment is contraindicated with some medications). Others are more subtle, and relate to the impact that the clients symptoms have on other individuals (ie. - the public, the potential employer, or the counsellor). These barriers often seem insurmountable to the client, and can likewise be perceived by a counsellor unfamiliar with this population as particularly frustrating and unexpected roadblocks in helping the client.

The nature of the psychiatric disability may often be such as to actively discourage the counsellor in attempting to assist the client. Rogan (1980) noted that psychiatrically disabled clients:

> ... may appear to be in control during an interview, [but] may regress or decompensate during the next. Diagnostic labels of mental illness fail to differentiate clients functional limitations or to predict any pattern of stability .... Frequently, they have no idea of their problems, or are unable to admit to having a problem. They may appear hopeless, believing they can do nothing for themselves. They may demand that the counsellor do everything for them. Conversely, they may set goals commensurate with their

> intellectual abilities while ignoring the impact of their psychiatric disability. Some psychiatric clients have never set goals, or followed a program to reach a goal. (p. 50)

Anthony (1980) notes that risk of failure in counselling psychiatrically disabled clients is high, as the clients have not only been 'institutionalized', but have also often been conditioned by their environment (the psychiatric treatment milieu) to make no real choices and accept no responsibility for the decisions that are made. He also notes that other modes of reacting to the vocational/career counselling process by the psychiatrically disabled client include: (1) impulsive decision making without adequate consideration or preparation; (2) a fatalistic or resigned approach to career decision making, allowing fate to intervene in whatever form it wishes; (3) an intuitive approach, with the individual relying on his/her intuition, however inaccurate or flawed that may be; or (4) a paralyzed and agonized indecision that lasts indefinitely. Anthony and Blanch (1987), discuss the concept of vocational maturity as it pertains to this population. They note that psychiatrically disabled clients often lack normal life experiences and life roles that are the foundation of individual vocational identity. As a result, client's self-knowledge (eg. - their skills, interests values etc.) and ability to test this self-knowledge against the demands of the working world is often deficient.

The above notwithstanding, the potential value of career/vocational counselling for this population should not be minimized. Although only limited research has been done in the area of vocational/career counselling for this population, the research that is a currently available indicates the extremely valuable role that this type of counselling can provide. However, as Anthony (1980) has noted, "... unfortunately, the field of mental health has historically not valued the practice of career counselling in a fashion that reflects the major importance of the work" (p. 137). The result has been a divergence of opinion on the role of vocational/career counselling with the psychiatrically disabled in general, and disagreement about the point at which counselling is appropriate within the general process of returning the psychiatrically disabled client to a functional role in society. Kraus and Slavinsky (1982) see vocational/career counselling with this population as a unique form of counselling, noting that career counselling "... helps the client to define career objectives, understand his or her own work values, and match these with the realities of the world." (p.250). Counselling that does not achieve this match often results in a course of action (be it employment, training, etc.) being identified by the professional and acquiesced to by the client without full understanding or 'buy-in'. Anthony (1980), states that vocational/career counselling is not only an integral part of the psychiatric rehabilitation process, but also as has a role that is much

broader than that played by other aspects of the rehabilitation process, in that:

> The purpose of career counselling is to assist a psychiatrically disabled individual in the exploration of his or her unique value and interest systems; to reach an understanding about the interplay between the helpee's unique set of values and interests and those of realistically expected or demanded by those in the field; and to develop an action plan to assist a helpee in the selection of possible career choices. (p. 137)

Farkas and Anthony (1980) note, however, that while career and vocational counselling is a critical need, the present level of expertise is often limited. Rogan (1980) notes that many rehabilitation counsellors lack the skills to look at career development or career planning issues with their clients. McCue and Katz-Garris (1985) cite serious training inadequacies for many professionals engaged in assisting the psychiatrically disabled. For counsellors or other professionals attempting to address the career development needs of this population, there is the difficulty of integrating the counselling process into the often poorly understood rehabilitation process. Anthony (1980) see's career/vocational counselling as one stage in a sequence of activities comprising the 'vocational rehabilitation process'. The stages of this process consist of: 1) work adjustment training; 2) vocational/career counselling; 3) career employment placement. Kraus and Slavinsky (1982) also cite the importance of

sequential programming of rehabilitation activities, including career development activities. They also note, however, that with the increasing numbers of psychiatrically disabled adults entering the community, the role of all vocational rehabilitation activities, including vocational/career counselling, will likely alter and become increasingly diverse and innovative. The issue then becomes a question of when is career/vocational counselling appropriate in the individual's rehabilitation process, and where and by whom?

Much of the literature on the vocational counselling of the psychiatrically disabled population assumes an involvement with or access to additional rehabilitation or support services for the psychiatrically disabled individual. For example, Marrone et al (1984) note that vocational counselling with this population should presuppose (1) that the counsellor has a genuine interest and comfort in working with this population, (2) an environment that supports such activities by permitting interested counsellors to develop a mental health caseload, (3) the counsellor has a willingness and desire to become trained and knowledgeable of the issues of mental health and psychiatric rehabilitation. However, as the above is often not possible, particularly in organizations serving a wide variety of populations, it becomes important to be able to identify those factors or issues which may be critical in the counselling of the psychiatrically disabled individual. Marrone et al (1984), in an examination of the vocational rehabilitation needs of the this population, identified a

number of client characteristics that which are often critical indicators as to possible success or failure of the counselling process. Among the many factors they identify, some of the more critical for a positive outcome are that clients: (1) have a recent and/or consistent work history, (2) see work as a value which they can relate to, (3) have a relatively predictable or stable course of illness, (4) are cooperative and open to the counsellor's input, (5) are able to participate consistently in a structured, regularly scheduled activity, (6) are able to communicate a good impression of themselves both physically and verbally, and (7) have the support of significant persons in their lives.

It is important to note that in the case of the psychiatrically disabled client, none of the above assumptions can be taken for granted, and in many cases the client may also demonstrate some critical factors which will make effective counselling difficult, if not impossible. These factors include the client: (1) being actively psychotic or unable to communicate with the counsellor consistently, (2) expressing no interest in the counselling process or in work as a goal, (3) refusing to travel outside the home even if no physical mobility problems exist, (4) refusing evaluations (even if accompanied by an advocate or support person, (5) consistently missing appointments without good excuse, or (6) being verbally or physically assaultive towards the counsellor. Marrone et al. (1984) also note a number of 'red flags' which may indicate potentially serious problems with a psychiatrically disabled client. These can include: (1) there

being no 'discharge plan' outside of a referral to the counselling agency (thus placing undue reliance and expectations upon the counselling service), (2) there is a lack of necessary treatment for the client in the community, (3) the client has no stable living situation or source of income, (4) other contingencies exist (eg. - pending court cases, custody issues, etc.), (5) the psychiatric prognosis is for erratic and repeated periods of hospitalization, (6) the family of significant others are heavily invested in the status quo, (7) the client expresses an excessive interest in a very unrealistic goal.

As can be inferred from the above, there are no hard and fast rules applying to the characteristics of the psychiatrically disabled client. Many of the above described factors could be applied equally to a large number of 'normal' clients seen by most vocational/career counselling services. The critical issue lies rather in the fact that the psychiatrically disabled client is far more likely to have the above cited factors impact disproportionately upon their employment or career situation. This, combined with a medical disability which is poorly understood by both professionals and the community, can result in major misconceptions regarding the clients employability or trainability, resulting in a classic 'no-win' situation. The major strength of career/vocational counselling lies in focussing beyond the disability towards the clients longer term career goals. The critical factor remains, however, the willingness of counsellor and client to believe that psychiatrically disabled individuals can and should develop the

skills to move beyond mere job-seeking to participation in more global career planning activities.

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